

New Procurement Cardholder Set up Form

C a r d h o l d e r I n f o r m a t i o n	
16 digits BofA Corporate Account Number Company Name: NAME OF DEPARTMENT REQUESTING CARD Name Line 1: OF CARDHOLDER Name Line 2: Address Line 1: OF CARDHOLDER Address Line 2: OF CARDHOLDER City, State, Zip: OF CARDHOLDER Work Phone: OF CARDHOLDER EMPLOYEE ID: OF CARDHOLDER Hierarchy Number: Email Address: OF CARDHOLDER	 MA TAX EXMPT ID 046002284 6602832, (7 digits Company Number)
P a r a m e t e r ' s	
Credit Limit: FILL IN Single Purchase Limit: FILL IN REQUESTING MCC PROFILES Yes/No (No signifies basic Credit Card Setup)	
M a i l i n g I n s t r u c t i o n ' s	
Issue Plastic: Delivery Method: Send Cards To: Name: Address: City, State, Zip: Phone Number:	Yes Bulk Kathy Sheppard Office of the Comptroller One Ashburton Place, Room 901 Boston, MA 02108 (617) 973-2666

Chief Fiscal Officer Approval (Required):_____Date:_____